

Health Care Safety Net Amendments of 2002 [Oct. 26, 2002].”

REFERENCE TO COMMUNITY, MIGRANT, PUBLIC HOUSING,  
OR HOMELESS HEALTH CENTER CONSIDERED REF-  
ERENCE TO HEALTH CENTER

Section 4(c) of Pub. L. 104-299 provided that: “Whenever any reference is made in any provision of law, regulation, rule, record, or document to a community health center, migrant health center, public housing health center, or homeless health center, such reference shall be considered a reference to a health center.”

LEGISLATIVE PROPOSAL FOR CHANGES CONFORMING TO  
PUB. L. 104-299

Section 4(e) of Pub. L. 104-299 provided that: “After consultation with the appropriate committees of the Congress, the Secretary of Health and Human Services shall prepare and submit to the Congress a legislative proposal in the form of an implementing bill containing technical and conforming amendments to reflect the changes made by this Act [see Short Title of 1996 Amendments note set out under section 201 of this title].”

MEDICARE DEMONSTRATION TO TEST MEDICAL HOMES IN  
FEDERALLY QUALIFIED HEALTH CENTERS

Memorandum of President of the United States, Dec. 9, 2009, 74 F.R. 66207, provided:

Memorandum for the Secretary of Health And Human Services

My Administration is committed to building a high-quality, efficient health care system and improving access to health care for all Americans. Health centers are a vital part of the health care delivery system. For more than 40 years, health centers have served populations with limited access to health care, treating all patients regardless of ability to pay. These include low-income populations, the uninsured, individuals with limited English proficiency, migrant and seasonal farm workers, individuals and families experiencing homelessness, and individuals living in public housing. There are over 1,100 health centers across the country, delivering care at over 7,500 sites. These centers served more than 17 million patients in 2008 and are estimated to serve more than 20 million patients in 2010.

The American Recovery and Reinvestment Act of 2009 (Recovery Act) provided \$2 billion for health centers, including \$500 million to expand health centers’ services to over 2 million new patients by opening new health center sites, adding new providers, and improving hours of operations. An additional \$1.5 billion is supporting much-needed capital improvements, including funding to buy equipment, modernize clinic facilities, expand into new facilities, and adopt or expand the use of health information technology and electronic health records.

One of the key benefits health centers provide to the communities they serve is quality primary health care services. Health centers use interdisciplinary teams to treat the “whole patient” and focus on chronic disease management to reduce the use of costlier providers of care, such as emergency rooms and hospitals.

Federally qualified health centers provide an excellent environment to demonstrate the further improvements to health care that may be offered by the medical homes approach. In general, this approach emphasizes the patient’s relationship with a primary care provider who coordinates the patient’s care and serves as the patient’s principal point of contact for care. The medical homes approach also emphasizes activities related to quality improvement, access to care, communication with patients, and care management and coordination. These activities are expected to improve the quality and efficiency of care and to help avoid preventable emergency and inpatient hospital care. Demonstration programs establishing the medical homes approach have been recommended by the Medicare Pay-

ment Advisory Commission, an independent advisory body to the Congress.

Therefore, I direct you to implement a Medicare Federally Qualified Health Center Advanced Primary Care Practice demonstration, pursuant to your statutory authority to conduct experiments and demonstrations on changes in payments and services that may improve the quality and efficiency of services to beneficiaries. Health centers participating in this demonstration must have shown their ability to provide comprehensive, coordinated, integrated, and accessible health care.

This memorandum is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

You are authorized and directed to publish this memorandum in the Federal Register.

BARACK OBAMA.

**§ 254b-1. State grants to health care providers who provide services to a high percentage of medically underserved populations or other special populations**

**(a) In general**

A State may award grants to health care providers who treat a high percentage, as determined by such State, of medically underserved populations or other special populations in such State.

**(b) Source of funds**

A grant program established by a State under subsection (a) may not be established within a department, agency, or other entity of such State that administers the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), and no Federal or State funds allocated to such Medicaid program, the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), or the TRICARE program under chapter 55 of title 10 may be used to award grants or to pay administrative costs associated with a grant program established under subsection (a).

(Pub. L. 111-148, title V, § 5606, as added Pub. L. 111-148, title X, § 10501(k), Mar. 23, 2010, 124 Stat. 999.)

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (b), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Titles XVIII and XIX of the Act are classified generally to subchapters XVIII (§1395 et seq.) and XIX (§1396 et seq.), respectively, of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

CODIFICATION

Section was enacted as part of the Patient Protection and Affordable Care Act, and not as part of the Public Health Service Act which comprises this chapter.

**§ 254b-2. Community health centers and the National Health Service Corps Fund**

**(a) Purpose**

It is the purpose of this section to establish a Community Health Center Fund (referred to in this section as the “CHC Fund”), to be administered through the Office of the Secretary of the Department of Health and Human Services to

provide for expanded and sustained national investment in community health centers under section 254b of this title and the National Health Service Corps.

**(b) Funding**

There is authorized to be appropriated, and there is appropriated, out of any monies in the Treasury not otherwise appropriated, to the CHC Fund—

(1) to be transferred to the Secretary of Health and Human Services to provide enhanced funding for the community health center program under section 254b of this title—

- (A) \$1,000,000,000 for fiscal year 2011;
- (B) \$1,200,000,000 for fiscal year 2012;
- (C) \$1,500,000,000 for fiscal year 2013;
- (D) \$2,200,000,000 for fiscal year 2014; and
- (E) \$3,600,000,000 for fiscal year 2015; and

(2) to be transferred to the Secretary of Health and Human Services to provide enhanced funding for the National Health Service Corps—

- (A) \$290,000,000 for fiscal year 2011;
- (B) \$295,000,000 for fiscal year 2012;
- (C) \$300,000,000 for fiscal year 2013;
- (D) \$305,000,000 for fiscal year 2014; and
- (E) \$310,000,000 for fiscal year 2015.

**(c) Construction**

There is authorized to be appropriated, and there is appropriated, out of any monies in the Treasury not otherwise appropriated, \$1,500,000,000 to be available for fiscal years 2011 through 2015 to be used by the Secretary of Health and Human Services for the construction and renovation of community health centers.

**(d) Use of fund**

The Secretary of Health and Human Services shall transfer amounts in the CHC Fund to accounts within the Department of Health and Human Services to increase funding, over the fiscal year 2008 level, for community health centers and the National Health Service Corps.

**(e) Availability**

Amounts appropriated under subsections (b) and (c) shall remain available until expended.

(Pub. L. 111–148, title X, §10503, Mar. 23, 2010, 124 Stat. 1004; Pub. L. 111–152, title II, §2303, Mar. 30, 2010, 124 Stat. 1083.)

**CODIFICATION**

Section was enacted as part of the Patient Protection and Affordable Care Act, and not as part of the Public Health Service Act which comprises this chapter.

**AMENDMENTS**

2010—Subsec. (b)(1)(A). Pub. L. 111–152, §2303(1), substituted “1,000,000,000” for “700,000,000”.

Subsec. (b)(1)(B). Pub. L. 111–152, §2303(2), substituted “1,200,000,000” for “800,000,000”.

Subsec. (b)(1)(C). Pub. L. 111–152, §2303(3), substituted “1,500,000,000” for “1,000,000,000”.

Subsec. (b)(1)(D). Pub. L. 111–152, §2303(4), substituted “2,200,000,000” for “1,600,000,000”.

Subsec. (b)(1)(E). Pub. L. 111–152, §2303(5), substituted “3,600,000,000” for “2,900,000,000”.

**§ 254c. Rural health care services outreach, rural health network development, and small health care provider quality improvement grant programs**

**(a) Purpose**

The purpose of this section is to provide grants for expanded delivery of health care services in rural areas, for the planning and implementation of integrated health care networks in rural areas, and for the planning and implementation of small health care provider quality improvement activities.

**(b) Definitions**

**(1) Director**

The term “Director” means the Director specified in subsection (d) of this section.

**(2) Federally qualified health center; rural health clinic**

The terms “Federally qualified health center” and “rural health clinic” have the meanings given the terms in section 1395x(aa) of this title.

**(3) Health professional shortage area**

The term “health professional shortage area” means a health professional shortage area designated under section 254e of this title.

**(4) Medically underserved community**

The term “medically underserved community” has the meaning given the term in section 295p(6) of this title.

**(5) Medically underserved population**

The term “medically underserved population” has the meaning given the term in section 254b(b)(3) of this title.

**(c) Program**

The Secretary shall establish, under section 241 of this title, a small health care provider quality improvement grant program.

**(d) Administration**

**(1) Programs**

The rural health care services outreach, rural health network development, and small health care provider quality improvement grant programs established under section 241 of this title shall be administered by the Director of the Office of Rural Health Policy of the Health Resources and Services Administration, in consultation with State offices of rural health or other appropriate State government entities.

**(2) Grants**

**(A) In general**

In carrying out the programs described in paragraph (1), the Director may award grants under subsections (e), (f), and (g) of this section to expand access to, coordinate, and improve the quality of essential health care services, and enhance the delivery of health care, in rural areas.

**(B) Types of grants**

The Director may award the grants—

- (i) to promote expanded delivery of health care services in rural areas under subsection (e) of this section;